

# 2022 Medicare Premiums, Deductibles and Coinsurances

### For Medicare Part A

Inpatient Deductible:	\$1,556 per benefit period (days 1- 60)	
Co-insurance days:	\$389 per day (days 61 – 90)	
Lifetime Reserve days:	\$778 per day (days 91 – 150)	
<b>Skilled Nursing Coinsurance:</b>	\$194.50 per day (days 21 – 100) per benefit period	

## For Medicare Part B

Annual Deductible:	\$233 per calendar year	
Co-insurance amount:	20% of Medicare approved amount	
Limiting Charge*:	15% above the Medicare approved amount	
Premiums:	\$170.10 per month**	

<sup>\*</sup> A Medicare Part B provider who does not accept Medicare assignment may not collect, bill, or receive more than 15% above the Medicare approved amount.

<sup>\*\*</sup> Some Medicare beneficiaries will pay a lesser Part B premium due to protection under the "Hold Harmless" provision. Contact Social Security if you have questions.

#### The standard Part B premium amount in 2022 is \$170.10.

Most people pay the standard Part B premium amount. If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium. Below you will see the Part B total monthly premium including IRMAA. If you pay an IRMAA for Part B you will also pay an IRMAA charge for Part D

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Total monthly Part B premium amount:	Part D income- related monthly adjustment amount:
Less than or equal to \$91,000	Less than or equal to \$182,000	\$170.10	\$0.00
Greater than \$91,000 and less than or equal to \$114,000	Greater than \$182,000 and less than or equal to \$228,000	\$238.10	\$12.40
Greater than \$114,000 and less than or equal to \$142,000	Greater than \$228,000 and less than or equal to \$284,000	\$340.20	\$32.10
Greater than \$142,000 and less than or equal to \$170,000	Greater than \$284,000 and less than or equal to \$340,000	\$442.30	\$51.70
Greater than \$170,000 and less than \$500,000	Greater than \$340,000 and less than \$750,000	\$544.30	\$71.30
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$578.30	\$77.90



## For assistance with Medicare, contact SHIIP at 1-800-259-5300

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